



Domestic/Single Family

Fee Paid:

APPLICATION NO;

By_

For Ecology Use

Date Returned

Water Resources Program Application for a Water Right Permit

☐ TEM	MPORARY SHORT TER	M DROUGH	T
Follow the attac	ched instructions. Attach addi	tional sheets as n	ecessary.
*A NON-REFUNDABLE MIN	MUM FEE OF \$50.00 MUS	T ACCOMPAN	Y THIS APPLICATION.
Section 1. APPLICANT			
Applicant/Business Name: Robert Paul	Ison	2064195469	Other No:
19821 98 th Ave SE			
Snohomish		Wa	98290
Email Address (optional):		lige	
Contact Name (if different from above)): Jackie Chriest`	3604225200	Other No:
Agent			\
33688 Bamboo Lane			
Mount Vernon		Wa	98274
jaxchriest@startouch.net	5		
Legal Land Owner or Part Owner Nam same as applicant	e of the Proposed Place of Use:	Phone No:	Other No:
Address:	, , ,		
City:		State:	Zip:
Email Address (optional):		AT TO SERVICE STATE OF THE SER	
Section 2. STATEMENT	OF INTENT		
Section 2. STATEMENT	OF INTENT		
Briefly describe the purpose of your	proposed project: to provide a	permanent water	souce to cabin. This water
ource has already been completed a	and been in used for unknown	period of time.	
· · · · · · · · · · · · · · · · · · ·			
Anticipated length of time to comple	te vour proiect:n/a		
Vater Use List all purposes for which		eneficial use and I	list quantity required for each
Purpose(s) of Use	Rate (check one box only) Cubic Feet per Second (CFS)	Acre-Feet per Year (AF/YR)	Period of Use (Continuously or Seasonal)
Domostio/Single Family 5	Gallons per Minute (GPM)	(If known)	a sutinu

By OD

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Priority Date 5/19/11

continuous

SEPA: Exempt/Not Exempt

ECY Coding: 001-001-WR1-0285-000011

	TC	OTAL:								
Short Terr	m/Temporary	Water Us	<u>e</u>							
Is this a rec	quest for a short	term proj	ect (les	ss than for	ur mont	ths and	non-recurr	ring)?] YES x⊠ NO	
Is this requ	est for a tempor	ary permi	it? 🔲	YES x 🔀 🛚	NO					
If yes to eit	ther question ab	ove, indic	ate the	dates that	t the wa	ater wi	ll be needed	d:		
FROM:	//	_ TO:	/_	/	_					
	3. POINT te A or B, and G		VER	SION O	OR W	ITH	DRAWA	L		
A.) If Su	rface Water S	Source				B.) I	f Ground	Water	Source	
Spring	g Creek F	River x	Lake	A PARTIE OF THE		□w	rell(s) □ C	Other:		
Other:										
Source N	lame:Lak	e Cavanau	ıgh			Well	diameter &			
								•	nts of withdrawal:	
Tributary	to:Stillaguamis	n				Do yo	ou have an o	existing	well? YES NO	
Number o	of proposed dive	ersion poin	nts:1			If available, attach Water Well Report and pump test.			o test.	
Do you ha	ave an existing of	diversion?	x X	ES N	0	Well	Tag ID No.			
C.) Poin	t of Diversion	/Withdr	awal -	- Legal D)escri _I					
	rcel No.	1/4	1/4	Section	Town	-	Range		County	
	56845		04	21	33		60		Skagit	
I	Lot(s) 78	J	Block(s)	-	Su	ibdivision 3			
If known,	enter the distan	ices in fee	t from	the point	of dive	rsion c	or withdraw	al to the	nearest section corner:	
F	Feet (North/	South)	and	feet	: (Ea	ast/	West)			
from the ((□NW □SW [NE S	SE 🗌) co	rner of	Section	on			
Par	rcel No.	1/4	1/4	Section	Town	ship	Range		County	
							0		-	
I	Lot(s)]	Block(s)		Su	bdivision			
If known	enter the distan	ices in fee	et from	the point	of dive	rsion o	or withdraw	al to the	nearest section corner:	
	t (North/								Treat est section conner.	
	(NW SW									
NOTE: If mo	ore than two poin	ts of divers	sion/wit	hdrawal at	ttach ad	lditiona	l information	n on a sep	parate sheet of paper.	
If no, do yo	on the land on whom have legal au e owner name(s)	thority to	make t	this applic	ation fo	or use	of another's		x☑ YES ☐ NO ☐ YES ☐ NO	
							- //			
Section	4. PLACE	OF US	NE.							
Attach a co		descript	ion of						used) taken from a re	eal
For					•			•	•	
Ecology Use									SEPA: Exempt/Not Exempt	
	Fee Paid:		_ Check	No:			ECY	Coding: 00	1-001-WR1-0285-000011	
Date Returned		Ву		Priority D	Date		By		WRIA:	

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1/4 1/4 Section	Twp.	Range		County	Parce	el No.
04 21		06	Skagit		66845	
o you own all the lands on no, do you have legal auth rovide owner name(s), addi	ority to make ress, and pho	e this appone numb	blication for u	use of another's lan	nd? YES NO	NO.
re there any other water right				property of water s	system? [] TES X	NO .
attach a map of your proje e sure to include a comple	_			n/withdrawal and	place of use. If platt	ted proper
Section 5. WATER S	SYSTEM	DESC	RIPTION			
escribe your proposed water	er system (inc	clude typ	e and size of	devices used to di	ivert or withdraw wate	er from
ource): Existing 1 1/4' polyb	utylene intak	te line ex			50 feet. Foot valve on	
ne approximately 15 feet ab	oove lake bot	tom. Equ	tends out lak	e approximately 1		end of wat
ource): Existing 1 1/4' polybource approximately 15 feet about the p	oove lake bot	tom. Equ	tends out lak	e approximately 1		end of wat
ne approximately 15 feet ab	oove lake bot	tom. Equ	tends out lak	e approximately 1		end of wat
ne approximately 15 feet ab	oove lake bot	tom. Equ	tends out lak	e approximately 1		end of wat
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ne approximately 15 feet ab	oove lake bot	tom. Equ	tends out lak	e approximately 1		end of wat
ne approximately 15 feet ab	oove lake bot	tom. Equ	tends out lak	e approximately 1		end of wat
ne approximately 15 feet abght bacteria disinfection, ex	EVENTAGE PROPERTY OF THE PROPE	ttom. Equ	tends out lak uipment: ½ h	e approximately 1	on particulate filter, ul	end of wat
ne approximately 15 feet abght bacteria disinfection, ex	EVENTAGE PROPERTY OF THE PROPE	ttom. Equ	tends out lak uipment: ½ h	e approximately 1	on particulate filter, ul	end of wat
section 6. DOMEST	FIC WAT	ttom. Equ	tends out lak nipment: ½ h	e approximately 1	ORMATION Per Systems only	end of wat
ne approximately 15 feet ab	FIC WAT below)	ER SU	JPPLY SY	e approximately 1 p jet pump, 5 micr /STEM INFO	ORMATION OR Systems only V 90.03.015)	end of wat
Section 6. DOMEST (Complete A or B, and C) A.) Domestic Water Sys Projected number of connections:	FIC WAT below) stems only	TER SU	JPPLY SY B.) Prese Estin	YSTEM INFO	ORMATION Pr Systems only W 90.03.015) De served water:	end of wat
Section 6. DOMEST (Complete A or B, and C) A.) Domestic Water Sys Projected number of connections: (e.g., hone	FIC WAT below) stems only ctions to be s home	TER SU	JPPLY SY B.) Prese Estin	YSTEM INFO	ORMATION Per Systems only W 90.03.015) De served water: tion to be served:	end of wat
Section 6. DOMEST (Complete A or B, and C) A.) Domestic Water System Projected number of connections: (e.g., hon) C.) Water System Plant Do you have a Water System	FIC WAT below) stems only ctions to be s home ne, recreational	SER SU	JPPLY SY B.) Prese	YSTEM INFO	ORMATION Pr Systems only W 90.03.015) De served water: tion to be served: (20 year projection)	end of wat
Section 6. DOMEST (Complete A or B, and C) A.) Domestic Water System Plant Type of connections: (e.g., hon C.) Water System Plant Do you have a Water System Division? \(\subseteq \text{YES} \text{X} \) NO	FIC WAT below) stems only ctions to be s home ne, recreational ning m Plan approx	TER SU	JPPLY SY B.) Prese Estin	YSTEM INFO	ORMATION Pr Systems only W 90.03.015) De served water: tion to be served: _(20 year projection) nt of Health, Drinking	end of wat
Section 6. DOMEST (Complete A or B, and C) A.) Domestic Water System Projected number of connections: (e.g., hone C.) Water System Plant Do you have a Water System Division? YES x No. If yes, date plan was approved.	FIC WAT below) stems only ctions to be s home ne, recreational ning m Plan approx yed/_	SER SU	JPPLY SY B.) I Prese Estin he Washingto	YSTEM INFO Municipal Wate (defined under RCV) ent population to be nate future popula on State Departme	ORMATION Pr Systems only W 90.03.015) De served water: tion to be served: (20 year projection) nt of Health, Drinking	end of wat
Section 6. DOMEST (Complete A or B, and C) A.) Domestic Water Sys Projected number of connections:	FIC WAT below) stems only ctions to be s home ne, recreational ning m Plan approx yed/_	TER SU	JPPLY SY B.) Press Estin he Washington	YSTEM INFO	ORMATION Pr Systems only W 90.03.015) De served water: tion to be served: (20 year projection) nt of Health, Drinking	end of wat

Section 7. IRRIGATION/STOCKWATER/OTHER FARM USES
<u>Irrigation</u>
Total number of acres requested to be irrigated under this application =ACRES NOTE: Outline the area to be irrigated on your attached map.
Stockwater
List number and kind of stock:
Is the proposed project for a dairy farm? YES NO
Other Proposed Farm Uses
Describe all proposed uses:
E L. E W-4 A -4 (DCW 00 (C)
Family Farm Water Act (RCW 90.66): Calculate the acreage in which you have a controlling interest, including only:
 Acreage irrigated under water rights acquired after December 8, 1977,
Acreage proposed to be irrigated under this application, and Acreage proposed to be irrigated under other panding application(a)
 Acreage proposed to be irrigated under other pending application(s).
Is the combined acreage under existing rights greater than 6000 acres? YES NO
Do you have a controlling interest in a Family Farm Development Permit? YES NO
If yes, enter Permit No:
Section 8. OTHER WATER USES
Hydropower
Indicate total feet of head and proposed capacity in kilowatts:
Describe works:
Indicate all uses to which power is to be applied:
FERC License No:
Mining/Industrial Use Describe use, method of supplying and utilizing water:
Other Use
Section 9. WATER STORAGE

	other structure to retain or store water?	
	an 10 acre-feet of water? ☐ YES x ✓ No	O .
Will the water depth be 10 feet or i	nore? ☐ YES x☒ NO	
If you answered yes to any of the a	bove questions, please describe:	
	feet or more of water and/or if the water depth e above grade, you must also complete an App rmit and Application.	
Section 10. DRIVING D	IRECTIONS	
Provide detailed driving directions	to the project site: Lake Cavanaugh Road t	o South Shore
Site Address:32741 South Shore D	rive, Mount Vernon WA 98274	
Section 11. REQUIRED	SIGNATURES	
Print Name (Applicant or authorized representation)	Signature . L	Date
Print Name (Legal Owner or Part Owner Place	Signature	Date
Print Name Legal Owner or Part Owner Place	Signature of Use)	Date
Print Name (Legal Owner or Part Owner Place	Signature of Use)	Date
	Please check the region in	which the project is located:
*Submit your application to: DEPARTMENT OF ECOLOGY CASHIERING SECTION PO BOX 47611	Central Regional Office 15 W Yakima Avenue, Suite 200 Yakima, WA 98902 (509) 575-2490	Eastern Regional Office 4601 N. Monroe Spokane, WA 99205-1295 (509) 329-3400
OLYMPIA, WA 98504-7611	Northwest Regional Office 3190 – 160 th Avenue SE Bellevue, WA 98008-5452 (425) 649-7000	Southwest Regional Office PO Box 47775 Olympia, WA 98504-7775 (360) 407-6300

Section 11. REQUIRED SIGNATURES

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though the employees of the Department of Ecology may have assisted me in the preparation of the above application, all responsibility for the accuracy of the information rests with me, the applicant.

JACKIE CHRIEST	Jahn Cr	4-28-11
Print Name	Signature	Date
(Applicant or authorized representative)	Coko D	
ROBERT E. PAULSON	golfo	4/28/11
Print Name	Signature	Date
(Landowner of Place of Use)		
Print Name	Signature	Date
(Landowner of Place of Use)		
Print Name	Signature	Date
(Landowner of Place of Use)		
Submit your application to: DEPARTM	MENT OF ECOLOGY	
L L	ING SECTION	
DO DOV 5		

Please check the region in which your proposed project is located.

LACEY WA 98509-5128

Southwest Northwest Central Eastern

Below is a map of the State of Washington, with outlines of the four Ecology regional offices. If you have questions about your application, contact the Water Resources program at the regional office in which your project is located.



Southwest Regional Office: 360-407-6300 Northwest Regional Office: 425-649-7000 Central Regional Office: 509-575-2490 Eastern Regional Office: 509-329-3400